239695

REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-18)

File the original with: Public Service Commission of South Carolina	s.c. Office of Regulatory Staff
Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100	Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
FAX (803) 896-5199	
DATE: 10 5 2018	RECEIVED
Please consider this as my Request for Suspension	OCT -5 2012
Class C Taxi Certificate Number 8358	
Class C Charter Certificate Number	T.T,W,W/W
Class C Charter Bus Certificate Number	
Non-Emergency Certificate Number	- had an o
Class E Household Goods Certificate Number	2011-13-7
Class E Hazardous Wastes Certificate Number	21-1002
I request that my certificate be suspended until	ate: (XX/XX/XXXX)
SNS Transportion SVC3 D/B (Name of Company) LIC	(if applicable)
P. D. Box 1578 (Street and or Mailing Address)	Omngeburg SC 29116 (City, State, Zip-Gode)
(Telephone Number)	Sho the Park - Owner (Signature and Title, Id) President, Owner)
for the proposed suspension of service.	are to state clearly and concisely the Justification
Reason for Request for Suspension of Operation 19 NOV	ons: Slaw

MAIL / DIVIS